GPRA+ FY02 Indicator Logic

To produce reports with comparable data across every facility using GPRA+, the GPRA indicator definition must be "translated" into programming code. This means that an English text expression must be defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition.

The logic that was provided to the GPRA+ application programmer was developed by various clinical subject matter experts for the different types of indicators, i.e., the Diabetes Program reviewed and approved the logic for diabetes indicators.

Definitions and logic for the thirty indicators used in the GPRA+ report are shown in the table on the following pages.

Definition of Active Users

The following criteria were established to define an "Active" patient for the denominators of the majority of the GPRA indicators. All patients in the RPMS database are examined against these criteria:

- Indian/Alaskan Natives Only – based on Classification of 01 – Indian/Alaskan Native. This data item is entered and updated during the patient registration process.
- Must reside in a community specified in the community taxonomy specified by the user
- Must have been seen in the 3 years prior to the end of the time period
- Must be alive during the entire time frame.

Active User criteria are used for all of the time periods used in the report (baseline, current reporting period and previous year reporting period) to determine which patients will be included in the report.

GPRA+ Report Time Periods

Three time periods are displayed for each indicator.

- **Report** period or **Current** period: a time period entered by the user.
- **Previous Year** period: same time period as Report period for the previous year.
- **Base** or **Baseline** period: same time period as Report period, for any year specified by the user.

The data for the Report period is compared to the Previous Year and the Base periods. The % of change between Report and Previous Year and Report and Base periods is calculated.

Table of FY02 Indicators (GPRA and Developmental)

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
1	Diabetes	Continue tracking area age specific diabetes prevalence rates to identify trends in the age specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.	All active users as defined above.	Anyone diagnosed with Diabetes (250.00-250.93) at any time before the end of the Current period. The system looks for at least one diagnosis (Purpose of Visit recorded in the V POV file) any time on or before the end of the Current period. Prevalence rates are given for All Active Users, Males, Females, and for the following age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs.
1B	Historical National Diabetes Prevalence Rates	This indicator uses the method IHS used in the past for calculating prevalence, in order to allow comparisons to past prevalence rates. Indicator 1B counts the number of patients seen with diabetes in the past year, rather than using a true prevalence calculation of patients having the Dx on or prior to a specified date.	All active users as defined above.	Anyone diagnosed with Diabetes (250.00-250.93) in the year prior to the end of the Current period. The system looks for at least one diagnosis (purpose of visit recorded in the V POV file) any time in the year prior to the end of the Current period. Prevalence rates are given for All Active Users, Males, Females, and for the following age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs.

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
2A	Diabetes – Reduce Diabetic Complications. Glycemic Control	Continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes.	All active users diagnosed with diabetes ever (numerator from Indicator #1).	**Numerator 1:** Number of patients with a Hemoglobin A1c less than or equal to 7 or with a mean of the last 3 Glucose values less than or equal to 150. **Numerator 2:** Number of patients with Hemoglobin A1c equal to or greater than 9.5 or mean of the last 3 Glucose values equal to or greater than 225. **Numerator 3:** Number of patients with undetermined Hemoglobin A1c or Glucose values. These are the patients with no Hemoglobin A1c and less than 3 Glucose values in the year prior to the end of the Current period. Patients with a Hemoglobin A1c documented but with no value or Glucose values documented but without values would be included in this numerator. For numerators 1-3 the following logic is used: The last Hemoglobin A1c test in the year prior to the end of the Current period is found. If one is found and the result does not equal the term COMMENT then it is used for this indicator. If no Hemoglobin A1c is found or the last one found has a COMMENT result, then the database is searched for the last 3 glucose values in the year prior to the end of the Current period. **Numerator 4:** Number of patients with an A1C documented in the year prior to the end of the Current period, whether or not the test had a valid result. Two lab taxonomies are used in calculating this indicator: ▪ DM AUDIT HGB A1C TAX: This taxonomy must contain all Hemoglobin A1C tests. ▪ DM AUDIT GLUCOSE TESTS TAX: This taxonomy must contain all Glucose tests.

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
2B	Diabetes – Reduce Diabetic Complications -- Glycemic Control	Continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes.	All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period.	**Numerator 1:** Number of patients with a Hemoglobin A1c less than or equal to 7 or mean of the last 3 Glucose values less than or equal to 150. **Numerator 2:** Number of patients with Hemoglobin A1c equal to or greater than 9.5 or mean of the last 3 Glucose values equal to or greater than 225. **Numerator 3:** Number of patients with undetermined Hemoglobin A1c or Glucose values. These are the patients with no Hemoglobin A1c and less than 3 Glucose values in the year prior to the end of the Current period. Patients with a hemoglobin A1c documented but with no value or Glucose values documented but without values would be included in this numerator. For numerators 1-3 the following logic is used: The last Hemoglobin A1c test in the year prior to the end of the Current period is found. If one is found and the result does not equal the term COMMENT then it is used for this indicator. If no Hemoglobin A1c is found or the last one found has a COMMENT result, then the database is searched for the last 3 glucose values in the year prior to the end of the Current period. **Numerator 4:** Number of patients with an A1C documented in the year prior to the end of the Current period, whether or not the test had a valid result. Two lab taxonomies are used in calculating this indicator: ▪ **DM AUDIT HGB A1C TAX**: This taxonomy must contain all Hemoglobin A1C tests. ▪ **DM AUDIT GLUCOSE TESTS TAX**: This taxonomy must contain all Glucose tests.

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
2C	Diabetes – Reduce Diabetic Complications. Glycemic Control	Continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes.	All active users diagnosed with diabetes ever (numerator from Indicator #1), plus: • The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93). • At least one encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the *GPRA+ User Manual*. • The patient must be 19 years old or greater at the beginning of the time period. • The patient must never have had a creatinine equal to or greater than 5.	**Numerator 1:** Number of patients with a Hemoglobin A1c less than or equal to 7 or mean of the last 3 Glucose values less than or equal to 150. **Numerator 2:** Number of patients with Hemoglobin A1c equal to or greater than 9.5 or mean of the last 3 Glucose values equal to or greater than 225. **Numerator 3:** Number of patients with undetermined Hemoglobin A1c or Glucose values. These are the patients with no Hemoglobin A1c and less than 3 Glucose values in the year prior to the end of the Current period. Patients with a hemoglobin A1c documented but with no value or Glucose values documented but without values would be included in this numerator. For numerators 1-3 the following logic is used: The last Hemoglobin A1c test in the year prior to the end of the Current period is found. If one is found and the result does not equal the term COMMENT then it is used for this indicator. If no Hemoglobin A1c is found or the last one found has a COMMENT result, then the database is searched for the last 3 glucose values in the year prior to the end of the Current period. **Numerator 4:** Number of patients with an A1C documented in the year prior to the end of the Current period, whether or not the test had a valid result. Two lab taxonomies are used in calculating this indicator: ▪ **DM AUDIT HGB A1C TAX**: This taxonomy must contain all Hemoglobin A1C tests. ▪ **DM AUDIT GLUCOSE TESTS TAX**: This taxonomy must contain all Glucose tests.
3A	Diabetes – Reduce Diabetic Complications. Blood Pressure Control	Continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards.	All active users diagnosed with diabetes ever (numerator from Indicator #1).	For each of the 3 numerators below, uses the last 3 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the Current period. The mean systolic value is calculated by adding the last 3 systolic values and dividing by 3. The mean Diastolic value is calculated by adding the diastolic values from the last 3 blood pressures and dividing by 3. **Numerator 1:** Number of patients with controlled BP. The mean systolic value is less than 130 AND the mean diastolic value is less than 80. **Numerator 2:** Number of patients with uncontrolled BP. The mean systolic value is 130 or greater and the mean diastolic value is 80 or greater. **Numerator 3:** Number of patients with undetermined BP control. Number of patients with less than 3 blood pressures documented in the year prior to the end of the Current period.

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
3B	Diabetes – Reduce Diabetic Complications. Blood Pressure Control	Continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards.	All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period.	For each of the 3 numerators below, uses the last 3 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the Current period. The mean systolic value is calculated by adding the last 3 systolic values and dividing by 3. The mean Diastolic value is calculated by adding the diastolic values from the last 3 blood pressures and dividing by 3. **Numerator 1:** Number of patients with controlled BP. The mean systolic value is less than 130 AND the mean diastolic value is less than 80. **Numerator 2:** Number of patients with uncontrolled BP. The mean systolic value is 130 or greater and the mean diastolic value is 80 or greater. **Numerator 3:** Number of patients with undetermined BP control. Number of patients with less than 3 blood pressures documented in the year prior to the end of the Current period.
3C	Diabetes – Reduce Diabetic Complications. Blood Pressure Control	Continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards.	All active users diagnosed with diabetes ever (numerator from Indicator #1), plus: • The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93). • At least one encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the *GPRA+ User Manual*. • The patient must be 19 years old or greater at the beginning of the time period. • The patient must never have had a creatinine equal to or greater than 5.	For each of the 3 numerators below, uses the last 3 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the Current period. The mean Systolic value is calculated by adding the last 3 systolic values and dividing by 3. The mean Diastolic value is calculated by adding the diastolic values from the last 3 blood pressures and dividing by 3. **Numerator 1:** Number of patients with controlled BP. The mean systolic value is less than 130 AND the mean diastolic value is less than 80. **Numerator 2:** Number of patients with uncontrolled BP. The mean systolic value is 130 or greater and the mean diastolic value is 80 or greater. **Numerator 3:** Number of patients with undetermined BP control. Number of patients with less than 3 blood pressures documented in the year prior to the end of the Current period.

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
4A	Diabetes – Reduce Diabetic Complications. Dyslipidemia Assessment	Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test.	All active users diagnosed with diabetes ever (numerator from Indicator #1).	For each numerator, counts all Y instances reported, regardless of the results of the measurement. **Numerator 1:** There is evidence of having a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three). **Numerator 2:** There is evidence of having an LDL and (HDL OR TG) **Numerator 3:** There is evidence of having TG ONLY OR HDL and TG **Numerator 4:** There is evidence of having an LDL only **Numerator 5:** None of the above tests were documented. **Numerator 6:** # of patients with an LDL (Numerator 1 + Numerator 2 + Numerator 4) **Numerator 7:** # of patients with LDL Results **Numerator 8:** # of patients with LDL Results of less than 130 The following taxonomies must be created and populated in order for this data in this indicator to be accurate: ▪ DM AUDIT LDL CHOLESTEROL TAX – must contain all LDL lab tests ▪ DM AUDIT TRIGLYCERIDE TAX – must contain all Triglyceride tests ▪ DM AUDIT LIPID PROFILE TAX – must contain the Lipid Profile tests ▪ DM AUDIT HDL TAX – must contain the HDL Cholesterol lab tests Finds the last test done in the year prior to the end of the Current period for each of the above listed tests. For the following tests, CPT codes are also searched for and used as a hit: ▪ Lipid Profile : 80061 ▪ Triglyceride: 84478 ▪ LDL: 80061

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
4B	Diabetes – Reduce Diabetic Complications. Dyslipidemia Assessment	Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test.	All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period.	For each numerator, counts all Y instances reported, regardless of the results of the measurement. **Numerator 1:** There is evidence of having a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three). **Numerator 2:** There is evidence of having an LDL and (HDL OR TG) **Numerator 3:** There is evidence of having TG ONLY OR HDL and TG **Numerator 4:** There is evidence of having an LDL only **Numerator 5:** None of the above tests were documented. **Numerator 6:** # of patients with an LDL (Numerator 1 + Numerator 2 + Numerator 4) **Numerator 7:** # of patients with LDL Results **Numerator 8:** # of patients with LDL Results of less than 130 The following taxonomies must be created and populated in order for this data in this indicator to be accurate: ▪ DM AUDIT LDL CHOLESTEROL TAX – must contain all LDL lab tests ▪ DM AUDIT TRIGLYCERIDE TAX – must contain all Tryglyceride tests ▪ DM AUDIT LIPID PROFILE TAX – must contain the Lipid Profile tests ▪ DM AUDIT HDL TAX – must contain the HDL Cholesterol lab tests Finds the last test done in the year prior to the end of the Current period for each of the above listed tests. For the following tests, CPT codes are also searched for and used as a hit: ▪ Lipid Profile : 80061 ▪ Triglyceride: 84478 ▪ LDL: 80061

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
4C	Diabetes – Reduce Diabetic Complications. Dyslipidemia Assessment	Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia using LDL as the screening test.	All active users diagnosed with diabetes ever (numerator from Indicator #1), plus: • The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93). • At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the *GPRA+ User Manual*. • The patient must be 19 years old or greater at the beginning of the time period. • The patient must never have had a creatinine equal to or greater than 5.	For each numerator, counts all Y instances reported, regardless of the results of the measurement. **Numerator 1:** There is evidence of having a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three). **Numerator 2:** There is evidence of having an LDL and (HDL OR TG) **Numerator 3:** There is evidence of having TG ONLY OR HDL and TG **Numerator 4:** There is evidence of having an LDL only **Numerator 5:** None of the above tests were documented. **Numerator 6:** # of patients with an LDL (Numerator 1 + Numerator 2 + Numerator 4) **Numerator 7:** # of patients with LDL Results **Numerator 8:** # of patients with LDL Results of less than 130 The following taxonomies must be created and populated in order for this data in this indicator to be accurate: ▪ DM AUDIT LDL CHOLESTEROL TAX – must contain all LDL lab tests ▪ DM AUDIT TRIGLYCERIDE TAX – must contain all Tryglyceride tests ▪ DM AUDIT LIPID PROFILE TAX – must contain the Lipid Profile tests ▪ DM AUDIT HDL TAX – must contain the HDL Cholesterol lab tests Finds the last test done in the year prior to the end of the Current period for each of the above listed tests. For the following tests, CPT codes are also searched for and used as a hit: ▪ Lipid Profile : 80061 ▪ Triglyceride: 84478 ▪ LDL: 80061

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
5A	Diabetes – Reduce Diabetic Complications. Nephropathy Assessment	Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy.	All active users diagnosed with diabetes ever (numerator from Indicator #1).	Has a positive urine protein value OR has had a microalbumunuria test done. The result of the microalbumunuria test can be positive or negative. The following taxonomies must be created and populated in order for this data in this indicator to be accurate: ▪ DM AUDIT URINE PROTEIN TAX— must contain all urine protein tests ▪ DM AUDIT MICROALBUMUNURIA TAX— must contain all microalbumunuria tests **Logic used** Searches for the last microalbumunuria test done in the year prior to the end of the Current period. If one is found, the patient is counted in the numerator. If none is found, then searches for the last urine protein test done in the year prior to the end of the Current period. If the result of that test meets the following criteria, it is assumed to be positive and the patient is counted in the numerator: ▪ First character is a P or p. ▪ Contains a + sign ▪ Contains a > symbol ▪ The numeric value (if the result is a number) is > 29
5B	Diabetes – Reduce Diabetic Complications. Nephropathy Assessment	Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy.	All active users diagnosed with diabetes ever (numerator from Indicator #1), PLUS the patient must have had 2 visits in the past year and the first ever Diabetes diagnosis (using POV) of 250.00-250.93 must have occurred >1 year prior to the end of the time period. For each numerator this is a categorical Y/N variable to be reported as the proportion with a Y result. The results of the measurement are not important for this report at this time.	Has a positive urine protein value OR has had a microalbumunuria test done. The result of the microalbumunuria test can be positive or negative. The following taxonomies must be created and populated in order for this data in this indicator to be accurate: ▪ DM AUDIT URINE PROTEIN TAX— must contain all urine protein tests ▪ DM AUDIT MICROALBUMUNURIA TAX— must contain all microalbumunuria tests **Logic used** Searches for the last microalbumunuria test done in the year prior to the end of the Current period. If one is found, the patient is counted in the numerator. If none are found, then searches for the last urine protein test done in the year prior to the end of the Current period. If the result of that test meets the following criteria, it is assumed to be positive and the patient is counted in the numerator: ▪ First character is a P or p. ▪ Contains a + sign ▪ Contains a > symbol ▪ The numeric value (if the result is a number) is > 29

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
5C	Diabetes – Reduce Diabetic Complications. Nephropathy Assessment	Continue the trend of increasing the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy.	All active users diagnosed with diabetes ever (numerator from Indicator #1), plus: • The patient must have had at least 2 diabetes related visits ever. (Purpose of visit must be Diabetes (250.00-250.93). • At least on encounter at the given facility (based on the site the user logged in as) in a "primary care clinic" with a "primary care provider" with a purpose of visit of diabetes within the year prior to the end of the time period. A list of the primary care provider disciplines and primary care clinics is provided at the end of the *GPRA+ User Manual*. • The patient must be 19 years old or greater at the beginning of the time period. • The patient must never have had a creatinine equal to or greater than 5.	Has a positive urine protein value OR has had a microalbumunuria test done. The result of the microalbumunuria test can be positive or negative. The following taxonomies must be created and populated in order for this data in this indicator to be accurate: ▪ DM AUDIT URINE PROTEIN TAX— must contain all urine protein tests ▪ DM AUDIT MICROALBUMUNURIA TAX— must contain all microalbumunuria tests **Logic used** Searches for the last microalbumunuria test done in the year prior to the end of the Current period. If one is found, the patient is counted in the numerator. If none are found, then searches for the last urine protein test done in the year prior to the end of the Current period. If the result of that test meets the following criteria, it is assumed to be positive and the patient is counted in the numerator: ▪ First character is a P or p. ▪ Contains a + sign ▪ Contains a > symbol • The numeric value (if the result is a number) is > 29
6	Women's Health – Reduce Cervical Cancer Mortality. Pap Smear	Increase the proportion of women ages 18 to 70 years old who had a Pap Smear in the one year prior to the end of the time period.	All females in the active population between the ages of 18 and 70 without a documented history of Hysterectomy When determining if a patient has a history of hysterectomy, the V Procedure file is searched for any procedure of 68.3, 68.4, 68.5, 68.6, 68.7 or 68.9.	All females included in the denominator who had a Pap Smear in the year prior to the end of the Current period. A Pap Smear is searched for in the following way: • V Lab is checked for a lab test called PAP SMEAR • Purpose of Visits are checked for a Diagnosis of V76.2-SCREEN MAL NEOP-CERVIX • Purpose of Visits are checked for a Diagnosis of V72.3 - GYNECOLOGIC EXAMINATION • Procedures are checked for a procedure of 91.46 • V CPT is checked for the following CPT codes: o 88141-88150 o 88152-88158 o 88164-88167 • The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear.

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
6A	Women's Health – Reduce Cervical Cancer Mortality. Pap Smear	Increase the proportion of women ages 18 to 70 years old who had a Pap Smear in the three years prior to the end of the time period.	All females in the active population between the ages of 18 and 70 without a documented history of Hysterectomy. When determining if a patient has a history of hysterectomy the V Procedure file is searched for any procedure of 68.3, 68.4, 68.5, 68.6, 68.7 or 68.9.	All females included in the denominator who had a Pap Smear in the three years prior to the end of the Current period. A pap smear is searched for in the following way: • V Lab is checked for a lab test called PAP SMEAR • Purpose of Visits are checked for a Diagnosis of V76.2-SCREEN MAL NEOP-CERVIX • Purpose of Visits are checked for a Diagnosis of V72.3 - GYNECOLOGIC EXAMINATION • Procedures are checked for a procedure of 91.46 • V CPT is checked for the following CPT codes: o 88141-88150 o 88152-88158 o 88164-88167 • The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear.
7	Women's Health – Reduce Breast Cancer Mortality. Mammogram	Increase the proportion of AI/AN women ages 40 to 69 years old who had a Screening Mammography in the two years prior to the end of the time period.	All females in the active population between the ages of 40 and 69 years	All females included in the denominator who had a Mammogram documented in the two years prior to the end of the Current period. A Screening Mammogram is searched for in the following way: • V Radiology is checked for a procedure of: o 76090 – Mammogram; unilateral o 76091 – Mammogram; bilateral o 76092 – Mammogram; screening • Purpose of Visits are checked for a Diagnosis of: o V76.11 – screening mammogram for high risk patient o V76.12 – other screening mammogram • Procedures are checked for a procedure of: o 87.37 – Other Mammography o 87.36 – Xerography of breast o 87.35 soft tissue X-ray of thorax, contrast radiogram of mammary ducts • V CPT file is checked for CPT codes: 76090, 76091, 76092 • The Women's Health Tracking package is checked for documentation of one of the following procedures: SCREENING MAMMOGRAM, MAMMOGRAM DX BILAT, MAMMOGRAM DX UNILAT

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
8	Child Health -- Well Child Visits.	Increase the proportion of AI/AN children served by IHS receiving a minimum of four Well Child Visits by 27 months of age.	All patients in the active user population who turned 27 months old during the Current period.	The number of patients in the denominator who had 4 or more Well Child visits by their 27-month birthday. Well child visits are defined as: • Any visit to clinic 24 – Well Child, 27 – General Preventive, or 57 – EPSDT • Any visit with a diagnosis of V20.1 or V20.2, regardless of clinic type. Note: DNKA visits to the above mentioned clinics, if recorded in PCC, are excluded.
12	Oral Health – Access to Dental Service	Increase the proportion of AI/AN population who obtain access to dental services.	All patients in the active user population.	The number of patients in the denominator who had a dental ADA code 0000 documented during the year prior to the end of the Current period. The V Dental file in PCC is searched for an ADA code of 0000.
13	Oral Health – Dental Sealants	Increase the percent of AI/AN children 6-8 and 14-15 years old who have received protective dental sealants on permanent molar teeth.	All patients in the active user population who were ages 6-8 or 14-15 at the beginning of the time period.	The number of patients in the denominator who had a dental sealant (code IH73 or 1351) during the year prior to the end of the Current period on the following teeth: 2, 3, 4, 15, 18, 19, 30, 31. BGP DENTAL SEALANT OP SITES taxonomy of dental operative sites must be populated by the site. This taxonomy should contain all dental operative sites that refer to teeth 2, 3, 4, 15, 18, 19, 30, and 31. The V Dental file in PCC is searched for any documented ADA code IH73 or an ADA code of 1351. If a 1351 is found the operative site is checked to make sure it matches one of the operative sites in the BGP DENTAL SEALANT OP SITES taxonomy.
14	Oral Health – Improve Oral Health Status of patients with Diabetes.	Increase the proportion of AI/AN population diagnosed with diabetes who obtain access to dental services who obtain access to dental services.	All patients in the active user population diagnosed with diabetes as defined in Indicator #1 (at least one diagnosis of diabetes ever).	The number of patients in the denominator who had a dental ADA code 0000 documented during the year prior to the end of the Current period. The V Dental file in PCC is searched for an ADA code of 0000.

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
22	Public Health Nursing	Increase the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings. Increase the number of home visits made by public health nurses.	All patients in the active user population. Rates given for All Active Users, Males and Females.	**Numerator 1:** The number of patients in the denominator served by PHNs in any setting **Numerator 2:** The number of patients in the denominator served by PHNs in a HOME setting **Numerator 3:** The number of visits by PHNs in any setting **Numerator 4**: The number of visits by PHNs in a HOME setting **Numerator 5:** The number of PHN Visits in any setting for patients 0-28 days old (Neonate) **Numerator 6**: The number of PHN visits in any setting for patients 28 days – 12 months (Infants) **Numerator 7**: The number of PHN visits in any setting for patients 1-64 years old **Numerator 8**: The number of PHN visits in any setting for patients aged 65 and over (Elders) **Numerator 9:** The number of PHN Visits in a HOME setting for patients 0-28 days old (Neonate) **Numerator 10**: The number of PHN visits in a HOME setting for patients 28 days – 12 months (Infants) **Numerator 11:** The number of PHN visits in a HOME setting for patients 1-64 years old **Numerator 12:** The number of PHN visits in a HOME setting for patients aged 65 and over (Elders) A PHN visit is defined as any visit on which the primary or secondary provider has a provider discipline of 13 or 32. Visits in any setting include all PHN visits. Visits in the home setting include any visit with a clinic code of 11 or a location of encounter of HOME (the location used for HOME is entered by the user). Also provided is a list of the top ten diagnoses for All PHN visits and for HOME PHN visits. Both primary and secondary diagnoses are used when tallying the top diagnoses.

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
24	Adult Immunizations	Increase the pneumococcal and influenza vaccination levels among adults ages 65 years and older and among adult diabetics.	Denominator 1: All patients who were age 65 or older at the beginning of the time period. Denominator 2: All patients who were age 18 or older at the beginning of the time period and who were diagnosed with diabetes (see Indicator #1)	**Numerator 1:** The number of patients in the denominator with pneumovax documented at any time before the end of the Current period. Immunization code 33 - PNEUMOCOCCAL POLYSACCARIDE VACCINE **Numerator 2:** The number of patients in the denominator with Influenza vaccine documented in the year prior to the end of the Current period. • Immunization code 88 - INFLUENZA VIRUS VACCINE, NOS • POV of V04.8 or V06.6 • CPT Codes: 90657-90660 • ICD Procedure code: 99.52
29	Obesity	Reduce Childhood obesity rates by maintaining ongoing Area Age-Specific body mass index (BMI) assessments in AI/AN children. Calculate Ages 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64. Both Genders.	All patients in the active user population ages 2 and older.	**Numerator 1:** those for whom a BMI could be calculated **Numerator 2:** For those with a BMI calculated, those considered obese using BMI and standard BMI tables. Data for each of the age groups is displayed.
30	Tobacco Use and Exposure to second hand smoke	Reduce illness, disability, and death related to tobacco use and exposure to second hand smoke. Reduce are age-specific prevalence rates for the usage of tobacco products and for Smoker in Home.	Denominator 1: All Active Patients ages 12-17. Denominator 2: All Active patients ages 18-34. Denominator 3: All Active patients ages 35-54. Denominator 4: All Active patients ages over 54.	For each denominator the following numerators are calculated. **Numerator 1:** The number of patients who have had documented tobacco use at any time prior to the end of Current time period. This is determined by finding the last recorded health factor in the TOBACCO category. **Numerator 2:** The number of patients with documented tobacco use who are considered a current tobacco user. The patient is counted in the numerator if the last recorded health factor is CURRENT SMOKER or CURRENT SMOKELESS. **Numerator 3:** The number of patients in the denominator with tobacco use documented whose last documented health factor was SMOKER IN HOME.
A	Mental Health	Determine the proportion of AI/AN persons diagnosed with diabetes and a diagnosis of depressive disorders.	Denominator: All patients diagnosed with diabetes (see Indicator #1)	The number of patients in the denominator with a diagnosis of 296.0-313.1 in the year prior to the end of the Current period.

#	Indicator Name	Description	Denominator	Numerator and Logic Descriptions
B	Colorectal Cancer. Reduce the Colorectal Cancer death rate	Increase the proportion of AI/AN persons who have had screening for Colorectal Cancer.	All active users over age 50. Data is presented by All, Male and Female.	**Numerator 1:** All patients who have had a Fecal Occult Blood test (using the BGP GPRA FOB TESTS lab taxonomy) in the year prior to the end of the Current period. The V LAB file is searched for a Fecal Occult Blood lab test. **Numerator 2:** All patients who have had a DRE or Rectal Exam documented in the year prior to the end of the Current period. • DRE: ICD Procedure code 89.34 or Exam of Rectal Exam **Numerator 3:** All patients who have had a Sigmoidoscopy and a DRE in the 5 years prior to the end of the time period. • DRE: ICD Procedure code 89.34 or Exam of Rectal Exam • Sigmoidoscopy: ICD procedure 45.24 • CPTs; 45330; 45331; 45332; 45333; 45334; 45336; 45337; 45338; 45339; 45341; 45342; 45345 **Numerator 4:** All patients who have had a colonoscopy and a DRE in the 5 years prior to the end of the time period. • DRE: ICD Procedure code 89.34 or Exam of Rectal Exam • Colonsocopy: ICD Procedure codes: 45.21, 45.22, 45.23, and 45.25 • CPTs: 45355; 45360; 45361; 45362; 45363; 45364; 45365; 45366; 45367; 45368; 45369; 45370; 45371; 45372; 45378; 45379; 45380; 45382; 45383; 45384; 45385; 45387
C	Diet and Exercise Education	Increase the quality, availability, and effectiveness of educational services designed to prevent disease and improve the health and quality of life. Increase the proportion of persons who are provided patient education on diet and exercise.	All active users. Data is presented by age and sex. The following age groups are used: 0-9; 10-19; 20-24; 25-34; 35-44; 45-54; 55-64; over 64	All patients provided education as defined in the BGP GPRA EX EDUC TOPICS education taxonomy. Taxonomy Members: OBS-EX, OBS-LA, OBS-N, OBS-DIET, TO-EX, WL-EX, WL-LA, WL-N, WL-DIET and any other topics entered into the taxonomy by the local site.
D	Diabetic Eye Exams	Evaluate the proportion of diabetic patients who have received a yearly eye exam.	All active diabetic patients (see Indicator #1).	All patients in the denominator who had a diabetic eye exam done in the year prior to the end of the Current period. Diabetic Eye Exam is determined in the following manner: • Diabetic Eye Exam documented in V EXAM (code 03) • CPT Code 92250, 92012, 92014 or 92015 documented in V CPT. • A non-DNKA visit to an optometrist or opthamologist (codes 24, 79, 08). • A non-DNKA visit to an eye clinic (clinic codes 17, 18, 64, A2)